



Shield Signature HMO Plan Shield Spectrum PPO Plan Shield Spectrum PPO Plan - Needles



Reasons to choose Blue Shield of California

- Flexibility to choose your own doctors
- Some of the largest networks in California
- 24-hour access to nurses and counselors
- Online tools and resources through blueshieldca.com
- Dedicated Member Services Team
- Variety of programs and services to keep you healthy, including Prenatal Program, condition management programs, and wellness discounts
- Access to urgent and emergency care across the Country and around the world



Shield Spectrum PPO plan

	Preferred Providers	Non-Preferred Providers	
Annual deductible	\$250 per member/\$500 per family		
Annual out of pocket maximum	\$1,500 per member \$3,000 per family	2, 000 per member \$4,000 per family	
Office visits	\$10 per visit	30%	
Preventive care	No charge	30%	
Inpatient hospital	20%	30%	
Outpatient hospital services	20%	30%	
Ambulance services	20%	20%	
Emergency room	\$50 per visit + 20% (\$50 Copayment does not apply if the member is directly admitted to the hospital for inpatient services)		
Drug copayments at a network pharmacy	\$15/\$30/\$30	\$15/\$30/\$30	
Optional mail service prescriptions (90 days)	\$30/\$60/\$60	Not covered	

Shield Spectrum PPO plan- Needles

	Preferred Providers	Non-Preferred Providers	
	\$0 per member	\$250 per member/	
Annual deductible	\$0 per 2-persons	\$500 per 2-persons	
	\$0 per family	\$750 per family	
Annual out of pocket	\$1,500 per member	2, 000 per member	
maximum	\$3,000 per family	\$4,000 per family	
Office visits	\$10 per visit	30%	
Preventive care	No charge	30%	
Inpatient hospital	No charge	30%	
Outpatient hospital services	No charge	No charge	
Ambulance services	No charge	No charge	
Emergency room	\$50 per visit (\$50 Copayment does not apply if the member is directly admitted to the hospital for inpatient services)		
Drug copayments at a network pharmacy	\$10/\$15/\$15	\$10/\$15/\$15	
Optional mail service prescriptions (90 days)	\$10/\$15/\$15	Not covered	

Shield Signature HMO plan

	Level I (HMO)	Level II (PPO)
Annual Deductible	None	
Annual out of pocket maximum	\$1,500 per member/ \$3,000 per family	\$0 per member/ \$0 per family
Office visits	\$10 per visit	\$30 per visit
Preventive care	No charge	\$30 per visit
Inpatient hospital	No charge	Covered under Level 1
Outpatient hospital services	No charge	Covered under Level 1
Ambulance services	No charge	No charge
Emergency room	\$50 per visit (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)	
Drug copayments at network pharmacy	\$5/\$10/\$25	Covered under Level 1
Optional mail service prescriptions (90 days)	\$10/\$20/\$50	Covered under Level 1

24/7 Support



Speak with registered nurses anytime, day or night, and get answers to your health-related questions.

(877) 304-0504



Connect day or night with experienced professionals ready to assist with personal, family and work issues.

(800) 985-2405

Health Improvement Programs



Gives expectant parents 24/7 nurse support as well as prenatal information.

Provides support for members with certain chronic conditions:

- Asthma
- Coronary artery disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Heart Failure

blueshieldca.com

Access to benefits, programs and

- Secure access to medical and pharmacy benefits, claims, etc.
- Search for network doctors, hospitals and other facilities
- Get information about pharmacy benefits and generic drugs, access the Blue Shield formulary, find network pharmacies
- Learn about Blue Shield programs and services:
 - Prenatal Program
 - Condition management programs





We're here to help



Blue Shield Member Services

7 a.m. to 7 p.m., Monday through Friday.

(800) 642-6155



County of San Bernardino